
Accreditation Report – Southern Plains Behavioral Health Services

Date of Review: February 24-25, 2021

Overall Score: 99.4%

REVIEW PROCESS:

Southern Plains Behavioral Health Services (SPBHS) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on February 24-25, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures and personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

AGENCY SUMMARY:

Southern Plains Behavioral Health Services (SPBHS) is a non-profit Community Mental Health agency located in Winner, SD, with satellite offices in Gregory, Mission and White River. They serve Todd, Gregory and Mellette counties. The agency is seeking to renew accreditation for mental health services (MH).

Southern Plains Behavioral Health Services' mission statement is "Southern Plains Behavioral Health Services envisions an unbiased, healthy society in which all people are regarded with respect, dignity, and the opportunity to achieve their full potential and recovery through meaningful social inclusion that is free from discrimination."

SPBHS ensures staff are well trained before and after they start working with clients. A thorough orientation is provided by SPBHS. Ongoing opportunities for training are also available. SPBHS staff attend state-provided trainings and other educational opportunities as they are available, including trainings for therapies

such as Dialectical Behavioral Therapy (DBT) and Moral Reconciliation Therapy (MRT) for applicable staff. SPBHS is responsive to community needs. SPBHS has counselors in every school in their catchment area and who see clients in the community and at their satellite offices.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review however the information obtained in the interviews is used for quality improvement of the agency.

Interviews were completed with both agency staff and clientele. There were no concerns noted. Clients indicated they feel valued by their counselors and are comfortable being honest and vulnerable. Clients noted that even though there is high staff turnover at times, transitions to new counselors do not usually affect quality of care.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review, however the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. SPBHS had forty-one total responses from stakeholders. One stakeholder mentioned there has been progress by SPBHS in quality services such as DBT group and specific suicide prevention skills by therapists trained in those areas. Another stakeholder stated SPBHS continues to look for ways to provide services to individuals who may not have the support they need to make it to their appointments.

AREAS OF STRENGTHS:

Description: The following areas were identified as areas the agency demonstrated substantial competency to administrative rules.

1. According to ARSD 67:62:08:05 a mental health staff member shall meet with the client and the client's family if appropriate to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment.

All assessments were completed on time, with the necessary requirements, and signed by the necessary clinical staff.

2. According to ARSD 67:62:08:08 treatment plans shall be reviewed in at least six month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the clients' treatment plan goals or objectives shall be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.

All six month treatment plan reviews were completed on time, contained the required progress toward treatment goals, and were signed by all necessary clinical staff.

AREAS OF RECOMENDATION:

Description: The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time. However, they are areas that, if continued to be found on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

There were no areas of recommendation for this review.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. **According to 67:62:08:07** the initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01 (08). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation.

The treatment plan shall:

1. Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made;
2. Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment;
3. Include interventions that match the client's readiness for change for identified issues; and
4. Be understandable by the client and the client's family if applicable.

A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable.

Four files reviewed contained assessments that indicated co-occurring substance use needs. Three of the four files did not have treatment goals addressing substance use within their treatment plans.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Southern Plains Behavior Health Services was last reviewed by the Department of Social Services, Office of Licensing and Accreditation on March 14, 2018. The 2018 review identified three areas of recommendation. All three areas of recommendation were resolved. The 2018 review had four areas requiring a plan of correction. All four areas requiring plans of correction were resolved.

ACCREDITATION RESULTS:

Administrative Review Score: 100%

Combined Client Chart Review Score: 99.4%

Cumulative Score: 99.4%

X	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)